

UNITED STATES DISTRICT COURT CENTRAL DISTRICT OF CALIFORNIA				FOR COURT USE ONLY DUE DATE:	
TRANSCRIPT DESIGNATION AND ORDERING FORM					
1. NAME		2. PHONE NUMBER		3. DATE	
4. FIRM NAME:			5. E-MAIL ADDRESS:		
6. MAILING ADDRESS			7. CITY		8. STATE
					9. ZIP CODE
10. CASE NUMBER		11. CASE NAME		12. JUDGE	
13. APPEAL CASE NUMBER		14. ORDER FOR <input type="checkbox"/> APPEAL <input type="checkbox"/> NON-APPEAL <input type="checkbox"/> CRIMINAL JUSTICE ACT <input type="checkbox"/> IN FORMA PAUPERIS <input type="checkbox"/> AUSA <input type="checkbox"/> FPD <input type="checkbox"/> OTHER _____			
15. TRANSCRIPT REQUESTED (Specify portion(s) and date(s) of proceeding(s) for which transcript is requested) Attach additional page for designations if necessary.					
HEARING DATE	COURT REPORTER	PROCEEDINGS			
		<input type="checkbox"/> VOIR DIRE <input type="checkbox"/> OPENING STATEMENTS <input type="checkbox"/> SETTLEMENT INSTRUCTIONS <input type="checkbox"/> CLOSING ARGUMENTS <input type="checkbox"/> JURY INSTRUCTIONS <input type="checkbox"/> PRE-TRIAL PROCEEDINGS <input type="checkbox"/> OTHER (PLEASE SPECIFY): _____			
		<input type="checkbox"/> VOIR DIRE <input type="checkbox"/> OPENING STATEMENTS <input type="checkbox"/> SETTLEMENT INSTRUCTIONS <input type="checkbox"/> CLOSING ARGUMENTS <input type="checkbox"/> JURY INSTRUCTIONS <input type="checkbox"/> PRE-TRIAL PROCEEDINGS <input type="checkbox"/> OTHER (PLEASE SPECIFY): _____			
		<input type="checkbox"/> VOIR DIRE <input type="checkbox"/> OPENING STATEMENTS <input type="checkbox"/> SETTLEMENT INSTRUCTIONS <input type="checkbox"/> CLOSING ARGUMENTS <input type="checkbox"/> JURY INSTRUCTIONS <input type="checkbox"/> PRE-TRIAL PROCEEDINGS <input type="checkbox"/> OTHER (PLEASE SPECIFY): _____			
		<input type="checkbox"/> VOIR DIRE <input type="checkbox"/> OPENING STATEMENTS <input type="checkbox"/> SETTLEMENT INSTRUCTIONS <input type="checkbox"/> CLOSING ARGUMENTS <input type="checkbox"/> JURY INSTRUCTIONS <input type="checkbox"/> PRE-TRIAL PROCEEDINGS <input type="checkbox"/> OTHER (PLEASE SPECIFY): _____			
		<input type="checkbox"/> VOIR DIRE <input type="checkbox"/> OPENING STATEMENTS <input type="checkbox"/> SETTLEMENT INSTRUCTIONS <input type="checkbox"/> CLOSING ARGUMENTS <input type="checkbox"/> JURY INSTRUCTIONS <input type="checkbox"/> PRE-TRIAL PROCEEDINGS <input type="checkbox"/> OTHER (PLEASE SPECIFY): _____			
16. ORDER: IF ORDERING BOTH PAPER AND ELECTRONIC COPIES, THERE WILL BE AN ADDITIONAL CHARGE.					
<b>CATEGORY</b>	<b>ORIGINAL + 1</b> (original to Court, copy to ordering party)	<b>FORMAT</b>			
ORDINARY	<input type="checkbox"/>	PAPER COPY	<input type="checkbox"/>		
14 DAYS	<input type="checkbox"/>	PDF FORMAT	<input type="checkbox"/>		
7 DAYS	<input type="checkbox"/>	ASCII FORMAT	<input type="checkbox"/>		
DAILY	<input type="checkbox"/>	OTHER	<input type="checkbox"/>		
HOURLY	<input type="checkbox"/>	FOR ADDITIONAL COPIES, CONTACT COURT REPORTER OR TRANSCRIPTION AGENCY 19. Transcription agency for digitally recorded proceedings:			
REAL TIME	<input type="checkbox"/>				
(CERTIFICATION 17 & 18) By signing the below, I certify that I will pay all charges (deposit plus additional).		20. Month: _____ Day: _____ Year: _____ Transcript payment arrangements were made with:			
17. DATE:		NAME OF OFFICIAL: _____			
18. SIGNATURE:		Payment of estimated transcript fees were sent on the following date: Month: _____ Day: _____ Year: _____			